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Atty. Docket No. GEN 10P-349D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/617,323
Applicants : Joseph S. Stam et al.
Examiner : Thuy V. Tran
Art Unit : 2821
Filing Date : July 10, 2003
Confirmation No. : 2819
For : CONTINUOUSLY VARIABLE HEADLAMP
CONTROL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Amendment
2. Claims as Amended

YOU SHOULD RECEIVE A TOTAL OF 17 PAGES.

11/12/04
Date


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Attorney Docket No. Auto GEN 10P-349D

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service via facsimile addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

11/12/04

Date

Kresta L. DeZwaan

Kresta L. DeZwaan

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Joseph S. Stam et al.
 Examiner : Thuy V. Tran
 Serial No. : 10/617,323
 Group Art Unit : 2821
 Filed : July 10, 2003
 Title : CONTINUOUSLY VARIABLE HEADLAMP CONTROL

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra.	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*35	Minus	**35	=00	x \$9	\$00	x 18	\$00
Independent Claims	*06	Minus	**06	=00	x \$44	\$00	x 88	\$00
First Presentation of Multiple Dependent Claims						\$00	x300	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

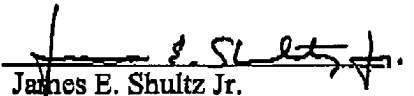
Attorney Docket No. Auto GEN 10P-349D

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. _____ No additional fee is required.
3. _____ A check in the amount of \$_____ is enclosed.
4. _____ Charge _____ to Deposit Account 07-1070.
5. X Please charge any additional fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Respectfully submitted,

Date: November 12, 2004

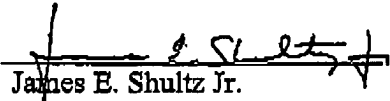

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- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
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1. _____ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
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AMENDMENT

Sir:

In response to the Office Action dated October 19, 2004 the Applicant offers the following response:

Please amend the above-identified application as follows:

Amendments to the specification are reflected in text contained on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 9 of this paper.

Amendments to the Claims:

The listing of claims contained herein shall replace all prior versions, and listings, of claims in the application.